1	•	THE DIVISION OF H			~ A F M ~
FILED SEP	24 1957	STANDARD CERTI	FICATE OF DEATI	H State File N	<u>, 34530</u>
BIRTH NO.	D ± 1007	_ REG. DIST. NO.326	PRIMARY REG. DIST. NO.	. 6107 Registrar's	
I. PLACE OF DE	ATH		2. USUAL RESIDEN	CF (Where deceased lived II	landautan,
a. COUNTY S	cotland		a. STATE Missour	i b. COUNTY S	Scotland The Scotland
b. CITY (If outside or OR TOWN Gra)	orporate limits, write R	township) C. LENGTH OF STAY in this place	c. CITY OR TOWN Grange	4.1	Residence within limits of city or incorporated town?
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or la	nstitution, give street address or location)	• STREET (I ADDRESS	if rural, give location)	0990
3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE (Mont	b) (Day) (Year)
DECEASED (Type or Print)	Robert	Samuel	Couchman	DEATH Sept.	
5. SEX D 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 20, 187	9. AGE (In years if the last birthday) Mon	the Days Hours Mi
10a. USUAL OCCUPATION done during most of work Retired Far	ing life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City a	and State or Foreign Country)	- L CONIKAL
	·· 	100	Lewis Coun	ty, Missouri	U.S.A.
13a. FATHER'S NAME		136. MOTHER'S MAIDE		I. NAME OF HUSBAND OR	#1>E
Michael Cou		Mary Ann I		Anna Couchman	
(Yes, no, or unknown) (I	ER IN U.S. ARMED I yes, give war or dates NO		Anna Cou	Chine n Cr	anger. Mo.
18. CAUSE OF DEATH			CERTIFICATION	Cimeli Gi	INTERVAL BETWEE
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ONDITION Card	inoma of the li	ver.	Inderingu
line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD ANTECEDENT CA	· ·		ver.	ingerintu
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STATEMENT BY LICENSED EMBALMER

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working under my personal supervision.

Signed Full Kulta

Licensed Embalmer No. 1288

P. O. Address Minnel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.